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ABSTRACT

Witnessing or experiencing a traumatic event affects everyone mentally and emotionally. Each person has a different way of responding emotionally, and this is a normal part of the healing process. This document discusses some of the ways people respond to trauma and how to deal with it. It lists ways to cope with depression, how to help others cope, and how to help and talk with children who have experienced trauma. It explains what posttraumatic stress disorder is (PTSD) and ways to deal with this disorder. There are suggestions for helping to prevent suicide, and further information for those living with depression or bipolar disorder. The document contains a list of resources for further help with dealing with trauma. (ADT)

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ED 458 452

Coping With Unexpected Events: Depression and Trauma

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National DMDA does not endorse or recommend the use of any specific treatment or medication. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health care providers.

Responding to Traumatic Events

When we witness or experience a traumatic event, such as an act of violence or a natural disaster, we are affected mentally and emotionally. Whether we are personally involved in the incident, have family or friends who are injured or killed, are a rescue worker or health care provider, or even if we learn about the event through the news, we will experience some sort of emotional response. Each of us will react differently and there is no right or wrong way to feel. The emotional response each person has is a normal part of the healing process.

What you might feel

Though everyone is affected differently at different times, you may experience:

- Numbness, inability to experience feelings, feelings of disconnectedness
- Changing emotions such as shock, denial, guilt or self-blame
- Extreme sadness, crying
- Mood changes such as irritability, anxiousness, nervousness, pessimism or indifference
- Inability to concentrate
- Recurring memories or bad dreams about the event
- Social withdrawal, isolation, strained personal relationships
- Physical symptoms such as unexplained aches and pains, nausea, fatigue, loss of energy
- Changes in eating habits or sleeping patterns
- Increased consumption of alcohol

These feelings, a normal part of grieving and recovering from any trauma, are also symptoms of *situational or reactive depression.* If these feelings persist for more than two weeks or begin to interfere with your daily living, if you are abusing alcohol or illegal drugs, or if you have thoughts of death or suicide, they are symptoms of a more serious episode of depression. This is a heightened reaction to an abnormal situation, not a character flaw or sign of personal weakness. Depression is a treatable medical illness. Most people respond to treatment and are able to bring their lives back into balance.

The number of traumatic events you have previously experienced may also affect your response. Pay attention to your own symptoms, and be ready to seek a doctor's help if your symptoms should persist or worsen. If you're not sure if your symptoms are part of your grieving or something more serious, seek the opinion of a doctor or therapist, early. Don't wait for your symptoms to become severe.

If you have thoughts of self-harm or suicide, contact your health care provider, a family member or friend, or call 911 immediately.

The healthiest things you can do for yourself and your loved ones are: be alert to changes in your feelings and moods, allow yourself time to heal and feel free to seek appropriate assistance. We know from a variety of studies that the chemistry in the brain changes in response to trauma. Seeking assistance from a health care professional after experiencing trauma is a reasonable response to a medical issue. The after-effects of a traumatic experience are not something you can "pull yourself out of" or "toughen up" enough to "snap out of." The best response to trauma-related depression often involves three things: medical intervention, therapeutic assistance and peer support.

How to Cope with Depression After Trauma

The healing process after a traumatic event takes time, especially if you have experienced a personal loss. It is helpful to:

- Allow yourself time to grieve. Don't try to rush your own recovery or hide or deny your feelings.
- Talk to friends and family members about how you feel. Ask for support from people you trust.
- If the trauma you are coping with is prominent in the news media, limit your exposure to it. Get the facts you need, but try not to focus all of your energy on the disturbing event, reports and images of which may be repeated many times in the news.
- If you attend a support group, or have in the past, spend time at support group meetings or use other resources the group provides. For information about a DMDA support group in your area, call National DMDA (800) 826-3632 or visit www.ndmda.org.
- Keep to your daily routine. Even if you don't feel like it, do your best to eat balanced meals and get plenty of rest.
- Continue taking any prescribed medications. Discontinuing medication or changing the amount you take can make your situation worse.
- Stay physically active. Even light exercise such as walking can help minimize physical effects of stress.

- Avoid making major life decisions during a time when you are under a lot of stress.
- Don't use alcohol or illegal drugs to cope with the stress. If you find you are unable to stop drinking or using, talk to a trusted friend, family member or a health care provider, or contact a recovery program such as Alcoholics Anonymous, whose phone number can be found in your local telephone book.
- Find out how you can help or get involved. Volunteer to give blood or donate money or clothing to a local charity. Contribute in any way that feels right to you.
- Spend time doing things you enjoy. Paint a picture, work in your garden, play a musical instrument, watch a movie, play with children, spend time with friends, or something else that helps you. You may want to listen to music or read a book before going to sleep, rather than watching the news.
- Get help for yourself if you need it. Don't feel ashamed, afraid, or guilty about talking to a doctor, therapist, or member of the clergy if you need to. Be honest about all of your symptoms. You have every right to feel the way you do.
- Psychotherapy, or "talk therapy" is an important part of treatment, which can work alone in some cases. A good therapist can help you work through the feelings you are having and develop skills to help with your recovery.
- There are many effective medications available to treat depression today. Depression involves an imbalance of chemicals in the brain, and medications work on the brain to bring these chemicals back into balance. There is no more shame in taking medication for depression than there is in taking medication for diabetes, asthma, or other medical conditions.

How to Help Others Cope

Sometimes friends and family may respond to a trauma differently than you do, even if they have experienced the same traumatic event. There is no right or wrong way to deal with a traumatic event. You may want to:

- Be on the lookout for others' signs of stress. Listen to others and allow them to express their feelings and reactions.
- Respect the fact that others may respond to trauma differently than you do. Seek ways to support them that work with their own unique experiences and responses.
- Give support and companionship. This involves understanding, patience and encouragement. Invite the person for walks, outings and other activities.
- Avoid telling someone to "get on with life" or that "things could have been worse."
- If a friend or family member is in need of a doctor or counselor's help, assist him or her in getting that help. This may involve making an appointment and accompanying him or her to the appointment.
- Take any remarks about suicide seriously. Make sure the person discusses these feelings with his or her doctor immediately. Go with him or her to see a doctor or counselor if necessary. If you believe immediate self-harm is possible, call 911.
- If you are experiencing stress or depression due to the trauma, you may be less able to help others. If so, be patient with yourself and seek others who can step in and assist your friend or family member who needs help.

Helping and Talking with Children

There is no way to completely shield children from events as they happen, but it is better for them to get their information from you than from someone else. Not knowing what is happening may contribute to their stress or make them imagine things are even worse than they are. Children absorb and process events just as you do, though they may not be able to express their feelings as easily. To help children and adolescents, you should:

- Help them to talk about their feelings. Let them know it is all right to feel sad or scared, and that there are no bad or wrong emotions.
- Explain what happened in easy-to-understand language, and answer questions honestly. If you don't know the answer to a question, it is all right to admit it. Keep conversations short and at a level that's appropriate for the child's age.
- If news media is replaying an event, make sure children are aware that what they are seeing is a repeat, and is not continually happening. Limit children's exposure to graphic news coverage, so they are less likely to see the event numerous times.
- Avoid discussions involving blame or retaliation for an event.

- Reassure children that they are safe, and that adults are working hard to take care of and protect people.
- Keep the family routine on schedule as much as possible.
- Remind children that you love them. Give them comfort and affection.
- Find ways for children and adolescents to help, such as choosing toys or clothing to donate to charity.
- Encourage children to draw pictures or play, and express their feelings in non-verbal ways.
- Create time for family events. Spend time together as a family.

As with all friends and loved ones, be aware of symptoms of depression in children or adolescents which linger or worsen, such as lack of interest in school or friends, increased or decreased eating or sleeping, excessive or uncontrollable crying and unexplained fears. If these symptoms are present for two or more weeks, or interfere with your child's day-to-day routine, consult your pediatrician or family doctor. He or she may be able to help or may refer you to a mental health professional with experience treating children or adolescents. Be especially aware of comments about self-harm or suicide. Take these comments very seriously and seek help immediately.

What is Post-Traumatic Stress Disorder (PTSD)?

After exposure to an extremely distressing event, some people develop post-traumatic stress disorder (PTSD), which is characterized by:

- Having experienced an immediate response to a disturbing event which involved intense fear, helplessness or horror
- Continually re-experiencing the event ("flashbacks") through images, dreams, and/or a sense of re-living the experience
- Avoiding any reminders, thoughts or people associated with the event, or having memory loss associated with the event
- Symptoms of increased irritability, such as outbursts of anger, difficulty falling asleep or trouble concentrating
- A sense of heightened awareness, exaggerated response to being startled, feelings of impending doom or danger
- Symptoms that last longer than one month and impair functioning at work, in relationships or in other areas of life.

When these symptoms occur within the first month after a traumatic experience, but lift within four weeks, they are known as *acute stress disorder.* Post-traumatic stress disorder usually occurs within the first three months after a traumatic experience, but in some cases, there is a delay of more than six months before symptoms appear. Length of symptoms varies from person to

person. Approximately half of the people affected by PTSD tend to recover within 3 months. For many others, however, symptoms last longer than one year and require treatment in order to improve. Untreated PTSD can lead to other mental and physical illnesses.

While talking about these symptoms may be very painful and confusing, these symptoms can be treated, and treatment can bring relief. Having symptoms that do not go away and needing to seek treatment are not character flaws or signs of personal weakness. If your symptoms continue, or if they interfere with your daily functioning, discuss them with your health care provider.

PTSD and Depression

Rates of depression are very high in people who experience PTSD. In one study supported by the National Institute of Mental Health, 40 percent of people who had PTSD were experiencing depression one month and four months later. Early intervention is extremely helpful in treating PTSD and depression.

For More Information About PTSD

The International Society for Traumatic Stress Studies (ISTSS) is a nonprofit organization whose goal is to ensure that everyone affected by trauma receives the best possible professional response. They publish a series of public and professional educational materials, including the *Journal of Traumatic Stress*. For more information about PTSD or the organization, contact ISTSS at (877) 469-7873 or (847) 480-9028, visit www.istss.org or write to them at 60 Revere Drive, Suite 500, Northbrook, Illinois 60062.

Preventing Suicide

After experiencing a traumatic event, some people may have thoughts of suicide. These thoughts are expressions of a treatable illness. If you are having thoughts of suicide, don't let feelings of shame or embarrassment keep you from talking about it with a friend, family member, clergy member or health care provider. Seek help right away.

- ☐ Tell your doctor or mental health professional immediately.
- ☐ Tell a friend, family member or other support person.
- ☐ Make sure you do not have access to guns, sharp objects, old medications or anything you could use to harm yourself. Have a family member lock them away or dispose of them completely.
- ☐ Instruct a close supporter to take away your car keys, credit cards and checkbook when you are having strong suicidal feelings.
- ☐ Keep pictures of your favorite people visible at all times to remind you that they are there to support you.
- ☐ If you need someone to stay with you, don't be afraid to ask.

If someone you know is having thoughts of suicide, take these thoughts seriously and help him or her to get help. Make sure he or she does not have access to weapons or medications and is not left alone. Go with him or her to a health care provider to seek medical and therapeutic assistance.

If You Live with Depression or Bipolar Disorder

If you live with depression or bipolar disorder (also known as manic depression), a stressful, traumatic event may be even more difficult to cope with. Be aware of the possibility of your depression worsening, or episodes of mania being triggered. Use resources that have given you relief and comfort in the past, and stay in touch with trusted friends and family members, your health care provider and your DMDA support group. Continue your treatment plan, take medications as prescribed and make healthy lifestyle choices. Let your health care provider know right away if your symptoms worsen, and discuss your treatment options. Talk with others about what you are experiencing. For a DMDA support group near you, call (800) 826-3632 or visit www.ndmda.org.

The Benefits of Support Groups for People with Depression and Bipolar Disorder

With a grassroots network of over 800 DMDA support groups, no one with depression or bipolar disorder needs to feel alone or ashamed. National DMDA may offer one or more support groups in your community. Each group has a professional advisor and appointed facilitators. Members are people living with depression or bipolar disorder and their loved ones. Along with treatment, National DMDA support groups

- Can help individuals stick with their prescribed treatment plans and avoid hospitalization
- Provide a forum for mutual acceptance, understanding and self-discovery
- Help people understand that having depression or bipolar disorder does not define who they are
- Give people the opportunity to benefit from the experience of others who have "been there"

Contact National DMDA to find out about support groups near you. If there is no support group in your area, National DMDA can help you start one.

Resources

International Society for Traumatic Stress Studies (ISTSS)
60 Revere Drive, Suite 500 Northbrook, Illinois 60062 USA
(847) 480-9028 • www.istss.org

National Center for Post Traumatic Stress Disorder
(802) 296-5132 • www.ncptsd.org

Sidran Traumatic Stress Foundation
(410) 825-8888 • www.sidran.org

PTSD Alliance
(877) 507-PTSD (7873) • www.PTSDAlliance.org

The Center for Mental Health Services
(800) 789-2647, • www.mentalhealth.org/cmhs
TDD (301) 443-9006

National Institute of Mental Health (NIMH)
(800) 421-4211 • www.nimh.nih.gov

Anxiety Disorders Association of America (ADAA)
(301) 231-9350 • www.adaa.org

National Alliance for the Mentally Ill (NAMI)
(800) 950-6264 • www.nami.org

American Psychiatric Association (APA)
(888) 357-7924 • www.psych.org

American Association for Marriage and Family Therapy (AAMFT)
(202) 452-0109 • www.aamft.org

American Academy of Child and Adolescent Psychiatry (AACAP)
(202) 966-7300 • www.aacap.org

American Foundation for Suicide Prevention (AFSP)
(888) 333-2377 • www.afsp.org

National Foundation for Depressive Illness (NAFDI)
(800) 239-1265 • www.depression.org

National Mental Health Association (NMHA)
(800) 969-6642 • www.nmha.org

Please help us continue our education efforts.

We hope you found the information in this booklet helpful. We would like to continue to distribute this information and help those experiencing depression and the after-effects of trauma. Please call or log on to www.ndmda.org for more information.

Yes, I want to help. Enclosed is my gift of $_____.

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Please send this form with payment to: National DMDA
730 N. Franklin Street, Suite 501, Chicago, IL 60610-7204 USA

Credit card payments (Visa, MasterCard or Discover) may be faxed to (312) 642-7243.

A fee will be applied on all returned checks and resubmitted credit card charges.

National DMDA is a not-for-profit organization. Your contributions may be tax deductible. For more information, please consult your tax advisor.
Thank you for your gift!

NATIONAL DMDA

We've been there. We can help.

THE MISSION of the National Depressive and Manic-Depressive Association (National DMDA) is to educate patients, families, professionals and the public concerning the nature of depressive and manic-depressive illnesses as *treatable* medical diseases; to foster self-help for patients and families; to eliminate discrimination and stigma; to improve access to care; and to advocate for research toward the elimination of these illnesses.

National DMDA: Your Resource for Education and Support

The National Depressive and Manic-Depressive Association is the nation's largest patient-directed, illness-specific organization. Founded in 1986 and headquartered in Chicago, Illinois, National DMDA has a worldwide grassroots network of more than 800 support groups. It is guided by a 65-member Scientific Advisory Board composed of the leading researchers and clinicians in the field of mood disorders.

For more information and free educational materials, please write, call our toll-free number or visit our web site.

National Depressive and Manic-Depressive Association
730 N. Franklin Street, Suite 501
Chicago, Illinois 60610-7204 USA
Phone: (800) 826-3632 (312) 642-0049
Fax: (312) 642-7243
Web site: www.ndmda.org

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This brochure was reviewed by Paula J. Clayton, M.D., and Ruth Deming. Dr. Clayton is Professor Emeritus at the University of Minnesota Department of Psychiatry and a member of National DMDA's Scientific Advisory Board. Ruth Deming is Chapter Leader of DMDA New Directions in Pennsylvania.

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